

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/17/2014
NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE VALPARAISO		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00158682.</p> <p>Complaint IN00158682-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: November 17, 2014</p> <p>Facility number: 010757 Provider number: 010757 AIM number: N/A</p> <p>Survey team: Regina Sanders, RN, TC</p> <p>Census bed type: Residential: 71 Total: 71</p> <p>Census payor type: Other: 71 Total: 71</p> <p>Sample: 3</p> <p>Brookdale Place-Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00158682.</p> <p>Quality Review 11/18/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE